

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593840

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5	1					
6	1					
7	1					
8	1					
9	1					
10			1			
11			1			
12				2		
13				2		
14				2		
15				2		
16				2		
17			1			
18			1			
19				2		
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50						
TOTAL IND.	6		4			
TOTAL DEP.	4	←	16	←		←
TOTAL CLAIMS	10		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	
TOTAL CLAIMS					←	←